



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re U.S. Patent Application  
Leo GYPEN**

**Examiner: Edmund H. Lee**

**Serial Number: 10/554,200**

**Group Art Unit: 1732**

**Filed: October 24, 2005**

**Confirmation No.: 2829**

**For: METHOD FOR MANUFACTURING VISUAL COMMUNICATION  
PANELS AND DEVICE USED THEREBY**

**SECOND PRELIMINARY AMENDMENT BEFORE EXAMINATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

This is a second preliminary amendment to this application before examination on the merits.

**AMENDMENTS**

**AMENDMENTS TO THE SPECIFICATION**

Amendments to the specification are shown on the following pages under the heading "AMENDMENTS TO SPECIFICATION".

**AMENDMENTS TO THE ABSTRACT**

The abstract is amended as shown on a following page under the heading "AMENDMENT TO ABSTRACT".

**AMENDMENTS TO THE CLAIMS**

The claims are amended as shown on the following pages under the heading "LIST OF CURRENT CLAIMS". This listing supersedes all prior claim listings in this application and shows currently proposed amendments, along with the status of all the claims presented in the application.

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IN RE APPLICATION OF: LEO GYPEN

CONFIRMATION No. 2829

SERIAL No.: 10/554,200

GROUP ART UNIT: 1732

FILED: October 24, 2005

EXAMINER: Edmund H. Lee

FOR: METHOD FOR MANUFACTURING VISUAL  
COMMUNICATION PANELS AND DEVICE USED  
THEREBY

ATTY. REFERENCE: GYPE3002/JEK



COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☐ Small entity status under 37 CFR 1.9 and 1.27 is claimed.
- ☐ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims	25	- 22 <sup>1</sup>	= 3 <sup>3</sup>	× \$ 25 =	× \$ 50 = \$150.00
Independent Claims	1	- 3 <sup>2</sup>	= 0 <sup>3</sup>	× \$100 =	× \$ 200 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$180 =	+ \$360 =
<b>TOTAL</b>					<b>\$150.00</b>

<sup>1</sup> If less than 20 enter 20.

<sup>2</sup> If less than 3 enter 3.

<sup>3</sup> If less than 0 enter 0.

- ☐ Please charge my **Deposit Account Number 02-0200** in the amount of \$. A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$150.00 is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to **Deposit Account Number 02-0200**.
- ☐ Also enclosed is/are:

07/23/2007 LLANDGRA 00000021 10554200

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150.00 0P

23364

Customer Number  
Phone: (703) 683-0500

DATE: July 18, 2007

Respectfully submitted,

*[Signature]*  
L. ERNEST KENNEY  
Attorney for Applicant  
Registration Number: 19,179